

07/21/05 THU 11:01 FAX

002



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

# CANDIDATE COMMITTEE COVER PAGE

FILED

05 SEP -2 AM 11:54

CARROLLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by  
the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 7 23 05 to 8 22 05  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137637  
2. Committee Name  
Committee to elect mark  
Paparelli for City Council

4. Candidate Last Name PAPARELLI First Name MARK M.I. T  
4a. Office Sought Including District # or Community Served (if applicable)  
CITY COUNCIL FOR NEW BALTIMORE  
4b. County of Residence MACOMB

5. Committee's Mailing Address  
37192 BERTH DR  
NEW BALTIMORE MI 48047  
Area Code and Phone 586-725-4977  
If the address in this box is different from the committee  
mailing address on the Statement of Organization, mail may  
be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
MARK PAPARELLI  
37192 BERTH DR  
NEW BALTIMORE MI 48047  
Area Code & Phone (586) 725-4977

7. Treasurer's Business Address  
37192 BERTH DR  
NEW BALTIMORE MI 48047  
Area Code and Phone (586) 725-4977

8. Designated Record keeper's Name and Mailing Address (if the committee has a  
Designated Record keeper)  
CYNTHIA PAPARELLI  
37192 BERTH DR  
NEW BALTIMORE MI 48047  
Area Code and Phone (586) 725-4977

## 9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary ☐ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

08 02 2005  
Month Day Year

9c. ☐ Annual Statement (\_\_\_\_ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c  
or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or  
outstanding debts, including late filing fees. Further, I/We request that if  
the dissolution cannot be granted, that this be considered a request for  
the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule  
1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable  
Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold.  
If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an  
amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or  
before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of  
my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper MARK PAPARELLI [Signature] Date 9 01 05  
Type or Print Name Signature Mo Day Year  
Candidate MARK PAPARELLI [Signature] Date 9 01 05  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137637

2. Committee Name Committee to elect

Mark Paparuzzi For City Council

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 0

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 0

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$ 0

5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  
(Add Line 3c + Line 4)

(5.) \$ 0

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$ 0

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$ 0

**EXPENDITURES**

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 0

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ 0

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ 0

9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)

(9.) \$ 0

**INCIDENTAL EXPENSE DISBURSEMENTS  
(Officeholders Only)**

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ 0

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ 0

11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS  
(Add Line 10a + Line 10b)

(11.) \$ 0

**DEBTS AND OBLIGATIONS**

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 0

b. Owed to the Committee (Schedule 1E)

(12b.) \$ 0

**BALANCE STATEMENT**

13. Ending Balance of last report filed  
(Enter zero if no previous reports have been filed.)

(13.) \$ 0

14. Amount received during reporting period  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 0

15. SUBTOTAL Add lines 13 and 14

(15.) = \$ 0

16. Amount expended during reporting period  
(Add lines 9 and 11)

(16.) - \$ 0

17. ENDING BALANCE  
(Subtract line 16 from line 15)

(17.) \$ 0



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-K  
CANDIDATE COMMITTEE**

137637

Committee to Elect Mark  
PARAZELLI For City Council

<p>3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.</p>	<p>4. Type of In-Kind Contribution (Check applicable box)</p> <p>5. Date of Receipt</p> <p>6. Name &amp; Address of Vendor from whom goods or services were purchased</p>	<p>7. Amount or Fair Market Value</p>	<p>8. Cumulative for Election Cycle (Through date in item 5)</p>
<p>Contribution #1 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name <u>MARK PAPARELLI</u></p> <p>Address: <u>37192 BETH DR.</u> <u>NEW BALTIMORE MD. 48047</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation: <u>Service Sales Rep</u></p> <p>Employer: <u>York International</u></p> <p>Business Address: <u>1900 OPDYKE CT.</u> <u>AUBURN HILLS MI.</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Office Supplies</u></p> <p>5. Date Of Receipt: <u>7/25/05</u></p> <p>6. Vendor Name &amp; Address: <u>Staples</u> <u>51382 GALTROTT AVE</u> <u>CHESTERFIELD MI. 48001</u></p>	<p>61.79</p>	<p>61.79</p>
<p>Contribution #2 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name <u>MARK PAPARELLI</u></p> <p>Address: <u>37192 BETH DR</u> <u>NEW BALTIMORE MD</u> <u>48047</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation: <u>Service Sales Rep</u></p> <p>Employer: <u>York International</u></p> <p>Business Address: <u>1900 OPDYKE CT</u> <u>AUBURN HILLS MI.</u></p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>1/4 Page Advertisement</u></p> <p>5. Date Of Receipt: <u>7/29/05</u></p> <p>6. Vendor Name &amp; Address: <u>Benson News paper</u> <u>9228 Shortcut Rd.</u> <u>Ira Township MI. 48023</u></p>	<p>99.00</p>	<p>99.00</p>
<p>Contribution #3 PAC Receipt? <input type="checkbox"/> Yes</p> <p>Name <u>MARK PAPARELLI</u></p> <p>Address: <u>37192 BETH DR.</u> <u>NEW BALTIMORE MD</u> <u>48047</u></p> <p>If over \$100.00 cumulative, please provide:</p> <p>Occupation:</p> <p>Employer:</p> <p>Business Address:</p> <p><input type="checkbox"/> Fund Raiser Contribution</p>	<p>4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan</p> <p><input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated</p> <p><input type="checkbox"/> Goods or Services Purchased by Candidate or Others</p> <p><input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN</p> <p>Description <u>Campaign Supplies</u></p> <p>5. Date Of Receipt: <u>7/30/05</u></p> <p>6. Vendor Name &amp; Address: <u>Lowe's</u> <u>23 mile rd. Chesterfield</u> <u>MI.</u></p>	<p>18.02</p>	<p>18.02</p>

179.81

Enter this total  
on line 6 of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 1-IK  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137637  
2. Committee Name Committee to elect Mark Paparelli  
for City Council

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MD, 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Meeting</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Vernier Restaurant</u> <u>8522 Vernier</u> <u>Frederic Haven MD. 48023</u>	53.00	53.00
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MD 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Meeting</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>ZZZ's Deli LLC</u> <u>13170 Washington</u> <u>New Baltimore MD. 48047</u>	16.00	16.00
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>Mark Paparelli</u> Address: <u>37192 Buxtt Dr.</u> <u>New Baltimore MD. 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>GAS For Van</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>4 Star Investments</u> <u>8751 Dixie Hwy</u> <u>Frederic Haven MD. 48023</u>	34.65	34.65

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

103.65

Enter this total  
on line 6 of  
Summary  
Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number 137637  
2. Committee Name Committee to Elect Mark Paparelli for City Council

3. Name and Address from whom received if contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARK PAPARELLI</u> Address: <u>37192 BERT DR.</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Committee Lunch</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Panera Bread</u> <u>51490 GRIFFIN AVE</u> <u>CHESTERFIELD MI. 48001</u>	11.51	11.51
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARK PAPARELLI</u> Address: <u>37192 BERT DR.</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Postcards</u> 5. Date Of Receipt: <u>7/31/05</u> 6. Vendor Name & Address: <u>Staples</u> <u>51382 GRIFFIN AVE</u> <u>CHESTERFIELD MI. 48001</u>	10.06	10.06
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name <u>MARY BAYNE</u> Address: <u>50368 1844</u> <u>NEW BALTIMORE MI 48047</u> If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Election Donation</u> 5. Date Of Receipt: <u>8/5/05</u> 6. Vendor Name & Address: _____	50.00	50.00

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

71.57  
354.03

Enter this total  
on line 6 of  
Summary  
Page

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## DEBTS AND OBLIGATIONS

## SCHEDULE 1E

## CANDIDATE COMMITTEE

1. Committee I.D. Number 137637

2. Committee Name Committee to Elect Mark Paparelli  
for city council

This Schedule itemizes:

☒ a. Debts and obligations owed by or forgiven the committee OR ☐ b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 8 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Buxton Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/25/05</u> 6. Original Amount of Debt: <u>\$61.79</u>	<u>7/25/05 \$61.79</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$61.79</u>	<u>\$ 0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Buxton Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/29/05</u> 6. Original Amount of Debt: <u>\$99</u>	<u>7/29/05 \$99.00</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>\$99.00</u>	<u>0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK Paparelli</u> <u>37192 Buxton Dr.</u> <u>New Baltimore MD</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/20/05</u> 6. Original Amount of Debt: <u>\$18.02</u>	<u>7/20/05 \$18.02</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u> <u>1 1 \$</u>	<u>18.02</u>	<u>0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or if it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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011

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## DEBTS AND OBLIGATIONS

## SCHEDULE 1E

## CANDIDATE COMMITTEE

1. Committee I.D. Number

137637

2. Committee Name

Committee to elect mark Paparelli  
for city council

This Schedule itemizes:

☒ a. Debts and obligations owed by or forgiven the committee OR ☐ b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation (Indicate type and you may assign an expenditure code)

5. Indicate date debt was incurred  
6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period (Item 6 minus Item 8)

Debt #1 Corp? ☐ Yes  
Owed to or by:

MARK PAPARELLI

37192 BERTH DR.

New Baltimore MI.  
48047

4. Type: Debt

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$53.00

7/31/05 \$53.00

1/1 \$

1/1 \$

1/1 \$

1/1 \$

\$53.00

\$0

☒ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2 Corp? ☐ Yes  
Owed to or by:

MARK PAPARELLI

37192 BERTH DR.

New Baltimore MI.  
48047

4. Type: Debt

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$16.00

7/31/05 \$16.00

1/1 \$

1/1 \$

1/1 \$

1/1 \$

\$16.00

\$0

☒ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3 Corp? ☐ Yes  
Owed to or by:

MARK PAPARELLI

37192 BERTH DR.

New Baltimore MI.  
48047

4. Type: Debt

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$34.65

7/31/05 \$34.65

1/1 \$

1/1 \$

1/1 \$

1/1 \$

\$34.65

\$0

☒ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

0

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## DEBTS AND OBLIGATIONS

## SCHEDULE 1E

## CANDIDATE COMMITTEE

1. Committee I.D. Number 1376372. Committee Name Committee to elect Mark Paparelli  
for city council

This Schedule itemizes:

☒ a. Debts and obligations owed by or forgiven the committee OR ☐ b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK PAPARELLI</u> <u>37192 DEBT DR.</u> <u>NEW BALTIMORE MI</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/31/05</u> 6. Original Amount of Debt: <u>\$11.51</u>	<u>7/31/05 \$11.51</u> _____ _____ _____ _____	<u>\$11.51</u>	<u>\$0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>MARK PAPARELLI</u> <u>37192 DEBT DR.</u> <u>NEW BALTIMORE MI</u> <u>48047</u>	4. Type: <u>Debt</u> 5. Date Debt Was Incurred: <u>7/31/05</u> 6. Original Amount of Debt: <u>\$10.06</u>	<u>7/31/05 \$10.06</u> _____ _____ _____ _____	<u>\$10.06</u>	<u>0</u> <input checked="" type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: _____ _____ _____ _____	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	_____ _____ _____ _____ _____	_____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$				

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to this committee)

Enter this total  
on line 12a  
"owed by" or  
line 12b "owed  
to" of the  
Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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